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Image# 28931221815

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2008 03 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 04 18 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Family Physicians Political Action Committee <sup>®</sup> D " D 03 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 235731.96 January 1 (b) Cash on Hand at 178018.47 Begining of Reporting Period ..... 53795.88 111651.10 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 231814.35 347383.06 6(a) and 6(c) for Column B) ..... 26420.79 141989.50 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 205393.56 205393.56 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	33679.00	84000.00
	(ii) Unitemized	20112.69	26344.98
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	53791.69	110344.98
		0.00	0.00
	(b) Political Party Committees		
	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53791.69	110344.98
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4.19	1306.12
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	53795.88	111651.10
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	53795.88	111651.10

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:</li> <li>(a) Shared Federal/Non-Federal</li> </ol>		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	420.79	1489.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	\$ 420.79	1489.50
2. Transfers to Affiliated/Other Party		
Committees		0.00
Federal Candidates/Committees and Other Political Committees	26000.00	140500.00
Independent Expenditure     (use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Committees (2 U.S.C. 441a(d)) (use Schedule F)</li> </ol>	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
man ontica committees		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00
9. Other Disbursements	0.00	0.00
<ol> <li>Federal Election Activity (2 U.S.C         <ul> <li>(a) Shared Federal Election Activity</li> </ul> </li> </ol>		
(from Schedule H6)	0.00	0.00
(i) Federal Share		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid With Federal Funds	0.00	0.00
(c) Total Federal Election Activity Lines 30(a)(i), 30(a)(ii) and 3	0.00	0.00
Total Disbursements (add Lines 2)	· /· ·	
23, 24, 25, 26, 27, 28(d), 29 and 3	0(c)) 26420.79	141989.50
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30	D(a)(ii) 26420.79	141989.50
from Line 31)	20420./9	141909.50

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	53791.69	110344.98
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	53791.69	110344.98
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	420.79	1489.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	4.19	1306.12
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	416.60	183.38

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 44 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMUTETE (I.E. III)	Statements mane name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physic	cians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Stephen Carl Albrecht, MD			Date of Receipt
	Mailing Address 3622A Ensign Rd NE Olympia Family Med			03 / 01 / 2008
	City Olympia	State WA	Zip Code 98506-5025	Transaction ID: C394428
	FEC ID number of contributing federal political committee.	C	98300-3023	Amount of Each Receipt this Period 500.00
	Name of Employer Olympia Family Medicine	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 s.	Full Name (Last, First, Middle Initial) Andrea Allen, MD  Mailing Address 8236 Deer Dr			Date of Receipt
			7.0.1	03 12 2008
	City Harrisburg	State NC	Zip Code 28075-9682	Transaction ID: C395780  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Shore Health System	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Suzanne M Allen, MD			Date of Receipt
	Mailing Address Family Prac Res 777 N Raymond St			03 / 18 / 2008
	City Boise	State ID	Zip Code 83704-9251	Transaction ID: C397351
	FEC ID number of contributing federal political committee.	C	65704-9231	Amount of Each Receipt this Period  600.00
	Name of Employer University of Washington School of Med	Occupatio Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	UBTOTAL of Receipts This Page (optional)	1		1465.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 44 (check only one)    X
(	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physici	ans Political	Action Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) John S Antalis, MD			Date of Receipt
	Mailing Address 1114 Professional Blv		7:- Oada	03 18 2008
	City Dalton	State GA	Zip Code 30720-2588	Transaction ID: C397314  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30720 2300	365.00
	Name of Employer D.F.P.	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                   </del>	e Year-to-Date ▼ 365.00	
– В.	Full Name (Last, First, Middle Initial) David W Avery, MD	Date of Receipt		
	Mailing Address 3702 River Road			03 / 05 / 2008
	City	State	Zip Code	Transaction ID: C394816
	Vienna	WV	26105-1610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:	, ' · · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
с. С.	Full Name (Last, First, Middle Initial) Brian S Bacak, MD	Date of Receipt		
	Mailing Address Rose Family Medicine 4545 E 9th Ave Ste 01			03 / 18 / 2008
	City	State	Zip Code	Transaction ID: C397050
	Denver  FEC ID number of contributing federal political committee.	CO	80220-3901	Amount of Each Receipt this Period 365.00
	Name of Employer University of Colorado	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	<u>, , , , , , , , , , , , , , , , , , , </u>	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1730.00
t	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 44 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Esther Rebecca Beal-Landis, MD Mailing Address 36 Yorktown St NW	Stata	7in Codo	Date of Receipt  0 3 18 2 0 0 8
	City Concord	State NC	Zip Code 28025-4931	Transaction ID: C397421
	FEC ID number of contributing federal political committee.	C	20025-4931	Amount of Each Receipt this Period  365.00
	Name of Employer U. S . Navy  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		
3.	Full Name (Last, First, Middle Initial)  Jerome W Bentz, MD  Mailing Address 601 E 7th St Ste #3  PO Box 818			Date of Receipt  0 3 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: C394514
	Platte	SD	57369-0818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Platte Health Center	Occupation Physician		
	Receipt For:  Primary General  Other (specify)	,	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Kenneth Robert Bertka, MD			Date of Receipt
	Mailing Address 8533 Castle Oaks Pl			03 05 2008
	City	State	Zip Code	Transaction ID: C394817
	Holland	OH	43528-9231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mersy Health Partners	Occupation Family P		
	Receipt For:  Primary General  Other (specify)	, '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1730.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any pe name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ans Political Action Committee	
	Full Name (Last, First, Middle Initial) Frank Henry Brown, MD		Date of Receipt
	Mailing Address 2400 N 400 E	7, 0, 4	03 / 27 / Y Y Y Y Y
	City Ogden	State Zip Code UT 84414-7233	Transaction ID: C405401
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Intermountain Health Care	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Michael G Buck, MD	Date of Receipt	
	Mailing Address 301 4th St  Medical Terrace	03 / 18 / 4 9 9	
	City	Transaction ID: C397307	
	Alexandria FEC ID number of contributing federal political committee.	LA 71301-8423	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Po-Shen Chang, MD	1	Date of Receipt
	Mailing Address 139 Monticello Dr		03 18 2008
	City	State Zip Code	Transaction ID: C397336
	Longview FEC ID number of contributing federal political committee.	WA 98632-9522	Amount of Each Receipt this Period  365.00
	Name of Employer Northwest Permanente	Occupation Physician	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
	CURTOTAL of December This Page (antional)		865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Graham T Chelius, MD			Date of Receipt
Mailing Address 510 O Cain Ave			03 14 2008
City	State	Zip Code	Transaction ID: C396247
Sitka  FEC ID number of contributing federal political committee.	C	99835-7323	Amount of Each Receipt this Period  250.00
Name of Employer Sitka Medical Center	Occupation physician		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Douglas L Colberg, MD	Date of Receipt		
Mailing Address 70420 S Centerville Suite A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City <u>Sturgis</u>	State MI	Zip Code 49091-9751	Transaction ID: C405337  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45051 5751	250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven Michael Connolly, MD			Date of Receipt
Mailing Address 436 Hinsdale Rd	03 27 2008		
City Camillus	State	Zip Code	Transaction ID: C405393
FEC ID number of contributing federal political committee.	C	13031-1648	Amount of Each Receipt this Period  500.00
Name of Employer Self employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one)    X   11a
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ysicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard L Corson, MD Mailing Address 5 Arlene Ct  City Hillsborough  FEC ID number of contributing federal political committee.	State Zip Code NJ 08844-3004	Date of Receipt  M M M O 9 O 9 O 9 O 0 8  Transaction ID: C395438  Amount of Each Receipt this Period  500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) John Howard Darnell, MD  Mailing Address Family Medicine PO Box 987  City	State Zip Code	Date of Receipt    M M M
Flatwoods  FEC ID number of contributing federal political committee.  Name of Employer Family Medicine Center, PLLC  Receipt For:  Primary General  Other (specify)	C Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  84.00
Full Name (Last, First, Middle Initial) Steven Clay De Coud, MD Mailing Address 19630 Four Wind City Monument	s Way  State Zip Code CO 80132-9325	Date of Receipt  0 3 2 7 2 0 0 8  Transaction ID: C405364  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupation Physician	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	834.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 44 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Thomas M Dean, MD Mailing Address Jerauld County Clinic			Date of Receipt
	602 1st St NE			03 / 04 / 2008
	City Wessington Springs	State SD	Zip Code 57382-2134	Transaction ID: C394516
	FEC ID number of contributing federal political committee.	C	37302-2134	Amount of Each Receipt this Period  500.00
	Name of Employer Horizon Health Care	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) James Joseph Dearing, DO	Date of Receipt		
	Mailing Address 750 E Thunderbird Rd Ste 1	03 / 06 / 2008		
	City	State	Zip Code	Transaction ID: C394962
	Phoenix  FEC ID number of contributing federal political committee.	AZ C	85022-5306	Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Ira Keith Ellis, MD	l		Date of Receipt
	Mailing Address 294 Summar Drive	03 04 2008		
	City	State	Zip Code	Transaction ID: C394570
	Jackson	TN	38301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer University of Tennessee		e Professor	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Ţ,	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 44   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Laura E Ellis, MD			Date of Receipt
Mailing Address 115 Lakeside Dr Ste 1			03 27 2008
City	State	Zip Code	Transaction ID: C405391
<u>Dothan</u>	AL	36301-9480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer CR Associates	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Kevin Scott Ferentz, MD	Date of Receipt		
Mailing Address 29 S Paca St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: C395815
<u>Baltimore</u>	MD	21201-1771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer University of Maryland	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) David Richard Field, MD			Date of Receipt
Mailing Address 2021 W Harbor Dr			03 13 2008
City	State	Zip Code	Transaction ID: C395984
Bismarck	ND	58504-8913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Med Center One	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional			1165.00

		13     14     15     16
	d Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Matthew P Finneran, MD		Date of Receipt
Mailing Address 251 Leatherman Rd		03 17 2008
City	State Zip Code	Transaction ID: C396975
Wadsworth	OH 44281-9236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer self employed	Occupation family physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Lynn R Fisher, MD		Date of Receipt
Mailing Address 204 SW 10th Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C395790
<u>Plainville</u>	KS 67663-2505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Lifeline Family Medicine	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Conrad Lloyd Flick, MD	Date of Receipt	
Mailing Address 103 Greenway Over	03 18 2008	
City	State Zip Code	Transaction ID: C397330
Cary	NC 27511-9053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Family Medical Associates of Raleigh	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 1000.00	1
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1730.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Jonathan P Forman, MD		Date of Receipt
Mailing Address 416 Saint Ives Dr		03 18 2008
City	State Zip Code	Transaction ID: C397306
Severna Park  FEC ID number of contributing federal political committee.	MD 21146-1027	Amount of Each Receipt this Period 300.00
Name of Employer Maryland Primary Care Phy-	Occupation	
sicians Receipt For:	Physician  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Michael Charles Foster, MD		Date of Receipt
Mailing Address 5522 E 90th St		03 27 2008
City	State Zip Code	Transaction ID: C405338
Tulsa	OK 74137-3585	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Harvard Family Physician	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) James M Gill, MD		Date of Receipt
Mailing Address 17 Henderson Hill Ro	d	03 13 2008
City	State Zip Code	Transaction ID: C395995
Newark	DE 19711-5958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Delaware Valley Outcomes Research, LLC	Occupation Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	
CUPTOTAL ( Device This Deve ( editor)		1165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence Dr  City	State Zip Code	0 3 2 1 2 0 0 8  Transaction ID: C398253
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Deborah V Goodwin, MD		Date of Receipt
Mailing Address 9521 Bottle Creek Lr		03 / 18 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C397522
Las Vegas	NV 89117-0501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Univ. Medical Center, Sou- thern Nevada	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Marin Catherine Granholm, MD		Date of Receipt
Mailing Address PO Box 3422		03 / 27 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C405340
Bethel  FEC ID number of contributing federal political committee.	AK 99559-3422	Amount of Each Receipt this Period  365.00
Name of Employer YKHC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1030.00

	for each category of the Detailed Summary Page	(check only one)    X   11a   11b   11c   12   15   16   11   15   16   16   17   17   18   18   18   18   18   18
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Phys	d Statements may not be sold or used by any pers the name and address of any political committee to icians Political Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Darren Paul Hee, MD  Mailing Address 4795 Meadow Wood		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Online Resources C	State Zip Code	Transaction ID: C395807
<u>Chantilly</u>	VA 20151-2222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD	<b>1</b>	Date of Receipt
Mailing Address 1305 W 18th St PO Box 5039	01-1- 7'- 0-1-	03 28 2008
City Sioux Falls	State Zip Code SD 57117-5039	Transaction ID: C405520
FEC ID number of contributing federal political committee.	C 37117-3039	Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) David Martin Hoffmann, MD		Date of Receipt
Mailing Address W7876 County Roa	d O	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C397312
<u>Mauston</u>	WI 53948-9328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	)	1365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 44 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Phys	d Statements may not be sold or used by any protection the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard W Honke, II		Date of Receipt
Mailing Address Avera St Benedict C 401 W Glynn Dr City		03 04 2008
Parkston	State Zip Code SD 57366-9605	Transaction ID: C411275  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Avera St Benedict CRHC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Steven A House, MD		Date of Receipt
Mailing Address Family Health Center 3780 Eisenhower Pl	kwy	03 / 05 / 4 4 4 4
City	State Zip Code	Transaction ID: C394636
Macon FEC ID number of contributing federal political committee.	GA 31206-0800	Amount of Each Receipt this Period 250.00
Name of Employer Mercer University School of Medicine	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Joel B Huber, MD		Date of Receipt
Mailing Address 601 W. 7th Street		03 / 18 / 2008
City	State Zip Code	Transaction ID: C397304
Miller FEC ID number of contributing federal political committee.	SD 57362-0287	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	)	980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Paul Arthur James, MD  Mailing Address 01286-D PFP 200 Hawkins Dr  City  Iowa City  FEC ID number of contributing federal political committee.  Name of Employer University of Iowa  Receipt For:  Primary General	State Zip Code IA 52242-1009  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard H Jones, MD  Mailing Address 106 W Howell Ave  City  Alexandria	365.00  State Zip Code VA 22301-1508	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer General Dynamics  Receipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date  250.00	250.00
Full Name (Last, First, Middle Initial) David R Kessler, MD  Mailing Address 131 Skyline Dr  City Waverly  FEC ID number of contributing federal political committee.	State Zip Code OH 45690-9696	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Pike Community Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 44 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	Statements may not be sold or used by any personne name and address of any political committee to cians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory King, MD Mailing Address 1120 Vail Rd.  City Bennington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code VT 05201  C  Occupation Family Physician  Aggregate Year-to-Date   365.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry W Kipe, MD  Mailing Address 600 Russell St  City Craig  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code CO 81625-2018  C  Occupation Physician  Aggregate Year-to-Date   365.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Scott Douglas Kirsch, MD  Mailing Address 507 Valley Forge Dr  City Placentia  FEC ID number of contributing federal political committee.  Name of Employer InterCommunity Family Medicine Associa Receipt For: Primary General Other (specify)	State Zip Code CA 92870-5031  C  Occupation Physician  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	830.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44 (check only one)    X   11a
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Scott Douglas Kirsch, MD			Date of Receipt
	Mailing Address 507 Valley Forge Dr			03 / 25 / 2008
	City Placentia	State CA	Zip Code 92870-5031	Transaction ID: C398499
	FEC ID number of contributing federal political committee.	C	92070-3031	Amount of Each Receipt this Period  300.00
	Name of Employer InterCommunity Family Med- icine Associa	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ 3.	Full Name (Last, First, Middle Initial) Steven D Knight, MD			Date of Receipt
	Mailing Address Primary Care Group 117 E Clark St			03 / 27 / 4 4 4 4 4
	City	State	Zip Code	Transaction ID: C405352
	Harrisburg FEC ID number of contributing federal political committee.	C	62946-2702	Amount of Each Receipt this Period  365.00
	Name of Employer Primary Care Group	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Hoa Viet Le, MD			Date of Receipt
	Mailing Address 4811 Chancellor St N	E		03 18 2008
	City	State	Zip Code	Transaction ID: C397546
	Saint Petersburg	FL	33703-3301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer PROFESSIONAL HEALTHCARE OF PINELLAS		MEDICINE PHYSICIAN	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			915.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 44 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persoldress of any political committee to	
American Academy of Family Physici	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) E John Lentini, DO			Date of Receipt
Mailing Address Braintree Fam Phys II 382 Grove St			03 / 27 / 2008
City	State	Zip Code	Transaction ID: C405348
<u>Braintree</u>	MA	02184-7398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Braintree Fam Physicians	Occupatio Physicia		
Receipt For:	<del>, ' ' '                               </del>	e Year-to-Date ▼	$\neg$
Primary General Other (specify) ▼	139.594.6	365.00	
Full Name (Last, First, Middle Initial) Charles Genghis Line, MD	1		Date of Receipt
Mailing Address 1106 Indian Rd			03 18 2008
City	State	Zip Code	Transaction ID: C397340
Virginia Beach	VA	23451-4561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Senbara Medical Group	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Margaret A Little, MD			Date of Receipt
Mailing Address 2920 Queenswood Ro	t		03 27 YYYY 2008
City	State	Zip Code	Transaction ID: C405430
Midlothian	VA	23113-6304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer VA Physicians, Inc.	Occupatio Physicial		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	365.00	
			1095.00

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 44 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ians Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Beth Lawson Loney			Date of Receipt
	Mailing Address 610 E 13th St			03 / 05 / 2008
	City Eudora	State KS	Zip Code	Transaction ID: C394818
	FEC ID number of contributing federal political committee.	C	66025-9316	Amount of Each Receipt this Period  365.00
	Name of Employer University of Kansas	Occupation Medical S		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Michael L Madden, MD Mailing Address 4907 Windermere Blv	/d		Date of Receipt
		, u		03 18 2008
	City Alexandria	State LA	Zip Code 71303-2459	Transaction ID: C397311
	FEC ID number of contributing federal political committee.	C	71303-2439	Amount of Each Receipt this Period 465.00
	Name of Employer L.S. U. HSC	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	
_	Full Name (Last, First, Middle Initial) Richard F Madden, MD			Date of Receipt
	Mailing Address 609 Christopher Dr			03 12 YYYYY 2008
	City	State	Zip Code	Transaction ID: C395469
	Belen FEC ID number of contributing federal political committee.	C	87002-2601	Amount of Each Receipt this Period  500.00
	Name of Employer Presbyterian Healthcare Services	Occupation Physician	n	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
\[	SUBTOTAL of Receipts This Page (optional) .			1330.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one)  X 11a 11b 11c 12  13 14 15 16
r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions
American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Debra R McClain, MD		Date of Receipt
Mailing Address Family Practice 610 N Michigan St S	Ste 100	03 21 2008
City	State Zip Code	Transaction ID: C398250
South Bend	IN 46601-1077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 466.00	
Full Name (Last, First, Middle Initial) Terry Lee Mills, MD		Date of Receipt
Mailing Address 720 Medical Center Wichita Clinic, PA		03 / 28 / 7 2008
City	State Zip Code	Transaction ID: C405642
Newton	KS 67114-8778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Wichita Clinic, PA	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt
Mailing Address Family Medicine Spo 104 W 5th Ave Ste 2	200W	03 / 28 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C405522
Spokane	WA 99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	600.00	
CURTOTAL of Descripts This Descriptional	)	800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44 (check only one)    X
or 1	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) R W Nicholson, MD  Mailing Address Oak Park Prof Bldg			Date of Receipt
	420 Mulberry St	State	Zip Code	03 13 2008
	City Evansville	IN	47713-1231	Transaction ID: C395983  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1776	1000.00
	Name of Employer City of Evanstonville	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Michael Lynn O'Dell, MD			Date of Receipt
	Mailing Address NMMC Family Medicin 1665 S Green St		7. 0.4	03 28 2008
	City Tupelo	State MS	Zip Code 38804-6556	Transaction ID: C405547  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30004 0000	365.00
	Name of Employer North Mississippi Medical Center	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Robert Milton Pallay, MD			Date of Receipt
	Mailing Address 211 Courtyard Dr			03 05 2008
	City	State	Zip Code	Transaction ID: C394851
	Hillsborough	NJ	08844-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dimensional Healthcare	Occupation Physician	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
sı	JBTOTAL of Receipts This Page (optional)	1		1865.00

SCHEDULE A (FEC Form	Use separate s for each catego Detailed Summ	ory of the
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or use using the name and address of any political Physicians Political Action Committ	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth Dewayne Parrott, MD Mailing Address PO Box 389  City Okeene  FEC ID number of contributing federal political committee.	State Zip Code OK 73763-0389	Date of Receipt  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Okeene Memorial Hospital  Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date	365.00
Full Name (Last, First, Middle Initial) Paul M Pelletier, MD  Mailing Address P O Box 309		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eagle Lake FEC ID number of contributing federal political committee.	State Zip Code ME 04739-0309  C	Amount of Each Receipt this Period  365.00
Name of Employer Fish River Rural Health  Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date	365.00
Full Name (Last, First, Middle Initial) Francis L Pisney, M.D.  Mailing Address Ellsworth Fam 322 1/2 College		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Iowa Falls  FEC ID number of contributing	State         Zip Code           IA         50126-2106	Transaction ID: C405366  Amount of Each Receipt this Period
federal political committee.  Name of Employer Ellsworth Municipal Hospital, Iowa Fal	Occupation Family Physician	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (o	otional)	980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	ory of the nary Page    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Family Physic	lans Political Action Committee	
Full Name (Last, First, Middle Initial) David C Rau, MD		Date of Receipt
Mailing Address 4232 N Riverside Dr		
City	State Zip Code	
Columbus	IN 47203-1121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rau Family Medicine	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel H Reiffenberger, MD		Date of Receipt
Mailing Address 4100 Golf Course Rd		M M / D D / Y Y Y Y
City	State Zip Code	
Watertown	SD 57201-5416	
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Brown Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Paul Justin Robinson, DO		Date of Receipt
Mailing Address 1348 Broadway Apt A	4	
City	State Zip Code	Transaction ID: C398249
Alameda	CA 94501-4671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1115.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 44 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stanley Edward Sagov, MD Mailing Address 45 Walnut Hill Rd City	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Chestnut Hill  FEC ID number of contributing federal political committee.	C	02467-3126	Amount of Each Receipt this Period  250.00
Name of Employer Family Practice Group  Receipt For:  Primary General  Other (specify) ▼	Occupatio Family P Aggregate		
Full Name (Last, First, Middle Initial) Sarah L Sams, MD Mailing Address 2994 Frazell Rd	'		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C394535
Hilliard	OH	43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Dove Family Care	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Paul J Schommer, MD	<b>-</b>		Date of Receipt
Mailing Address Ste 202 311 W Noble Ave			03 / 21 / 2008
City	State	Zip Code	Transaction ID: C398258
Visalia  FEC ID number of contributing federal political committee.	CA	93277-2669	Amount of Each Receipt this Period  1000.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)	<b>)</b>	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 44 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Stephan D Schroeder, MD  Mailing Address PO Box 287			Date of Receipt  0 3 0 4 2 0 0 8
	City Miller	State SD	Zip Code 57362-0287	Transaction ID: C394515  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed  Receipt For: Primary General	Occupation Physicial Aggregate		
 3.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dean A Schultz, MD  Mailing Address 6409 Bay Hill Dr	0 0		Date of Receipt
	City	State	Zip Code	0 3 1 3 2 0 0 8 Transaction ID: C395985
	Abilene FEC ID number of contributing federal political committee.	C	79606-5622	Amount of Each Receipt this Period  250.00
	Name of Employer APCA	Occupatio Physicia		
	Receipt For:  Primary  General  Other (specify) ▼	· · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Edward Jay Schwager, MD Mailing Address 6528 E Carondelet Di	r		Date of Receipt
	City	State	Zip Code	0 3 2 7 2 0 0 8 Transaction ID: C405359
	Tucson  FEC ID number of contributing federal political committee.	AZ C	85710-2117	Amount of Each Receipt this Period 365.00
	Name of Employer Carondelet Medical Group	Occupatio Physicia		
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
s	SUBTOTAL of Receipts This Page (optional)	1		980.00

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 44 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for comr	mercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any pers dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	OF COMMITTEE (In Full) can Academy of Family Physicia	ans Political	Action Committee	
Linda P	me (Last, First, Middle Initial) leck Shields, MD			Date of Receipt
	Address PO Box 217	Otata	7:- 0-4-	03 27 2008
City Rivers	side	State WA	Zip Code 98849-0217	Transaction ID: C405362  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		250.00
Name o Wenato	of Employer chee Valley Clinic	Occupation Physicia		
	t For: Irimary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial) Burl Shives, MD	ı		Date of Receipt
	Address Brown Clinic 506 1st Ave SE			03 04 2008
City	tour	State	Zip Code	Transaction ID: C394537
	number of contributing political committee.	SD	57201-4402	Amount of Each Receipt this Period  365.00
Name o Brown	of Employer Clinic	Occupation Physicia		
	t For: Irimary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	me (Last, First, Middle Initial) eith Smith, MD	1		Date of Receipt
Mailing	Address 18 Ancient Bnd			03 18 2008
City		State	Zip Code	Transaction ID: C397338
	ntonio  number of contributing political committee.	C	78248-1639	Amount of Each Receipt this Period 250.00
Name o MacGro	of Employer egor Medical Clinic	Occupation Physicia		
	t For: rimary General bther (specify) ▼		e Year-to-Date ▼ 250.00	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 44 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Phys	d Statements may not be sold or used by any pers the name and address of any political committee to icians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen M Sorensen, MD  Mailing Address 1345 W Central Pal  City	rk Ave State Zip Code	Date of Receipt  0 3 1 2 2 0 0 8  Transaction ID: C395872
Davenport  FEC ID number of contributing federal political committee.	IA 52804-1844	Amount of Each Receipt this Period 365.00
Name of Employer Genesis Medical Group  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   365.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague A	ve	Date of Receipt  0 3 0 5 2 0 0 8
City Spokane FEC ID number of contributing	State Zip Code WA 99216-2167	Transaction ID: C394815  Amount of Each Receipt this Period  100.00
federal political committee.  Name of Employer Rockwood Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD  Mailing Address 14408 E Sprague A	ve	Date of Receipt  0 3 0 5 2 0 0 8
City Spokane	State Zip Code WA 99216-2167	Transaction ID: C394840  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer Rockwood Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
	l)	530.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 44 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Patrick John Stuart, DO		Date of Receipt
Mailing Address 56246 Road 200  City	State Zip Code	0 3 1 8 2 0 0 8 Transaction ID: C397531
North Fork	CA 93643-9613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Community Medical Provide- rs	Occupation DO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dennis Duane Tietze, MD		Date of Receipt
Mailing Address 600 SW Jewell Ave		03 / 27 / 2008
City	State Zip Code	Transaction ID: C405421
Topeka	KS 66606-1607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Francis Hospital	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Kenton I Voorhees, MD		Date of Receipt
Mailing Address 7953 S Franklin Ct		03 / 27 / 2008
City	State Zip Code	Transaction ID: C405367
Centennial	CO 80122-3255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer University of Colorado Sc- hool of Medic	Occupation Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	-
Other (specify)	365.00	
CURTOTAL of Descirte This Dags (entires)		1230.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 44   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) James Howard Walker, MD			Date of Receipt
Mailing Address 1706 Ridgevue Ave	)		03 27 2008
City	State	Zip Code	Transaction ID: C405377
Clifton Forge	VA	24422-1451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel A Walters, MD			Date of Receipt
Mailing Address 2304 E County Roa	ad 950 N		03 / 13 / 2008
City	State	Zip Code	Transaction ID: C395993
Seymour	IN	47274-9115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Caring Family Physicians	Occupatio Physicia		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Thomas J Weida, MD			Date of Receipt
Mailing Address University Phys Grp 845 Fishburn Rd	o Fishburn		03 12 2008
City	State	Zip Code	Transaction ID: C394855
Hershey	PA	17033-2015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Hershey Medical Center	Occupatio Physicia		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional			1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 44 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic			
Full Name (Last, First, Middle Initial)	ians i ontical	Action Committee	
Peter A S Winn, MD			Date of Receipt
900 NE 10th St			03 / 27 / 2008
City Oklahoma City	State OK	Zip Code 73104-5420	Transaction ID: C398490
FEC ID number of contributing federal political committee.	C	73104-3420	Amount of Each Receipt this Period 375.00
Name of Employer University of Oklahoma, College of Med	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Julie Kristin Wood, MD			Date of Receipt
Mailing Address 5305 NE Rainbow Cit	r		03 27 2008
City	State	Zip Code	Transaction ID: C405333
Lees Summit	MO	64064-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Baptist Lutheran Medical Center	Occupation Physician	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Herbert F Young, MD			Date of Receipt
Mailing Address 10313 Cherokee Ln			03 / 25 / 2008
City	State	Zip Code	Transaction ID: C398497
Leawood FEC ID number of contributing	KS C	66206-2510	Amount of Each Receipt this Period 365.00
Name of Employer AAFP	Occupation		
Receipt For: Primary General Other (specify)	Physician Aggregate	n e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			1105.00
CODITAL OF TOCOMPOSITION Age (optional)			33679.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 44 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Physician	ns Political Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cree City	k Pkwy State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Leawood  FEC ID number of contributing federal political committee.	KS 66211-2672	Amount of Each Receipt this Period 4.19
Name of Employer  Receipt For: Primary General Other (specify)	Occupation  Aggregate Year-to-Date ▼  1306.12	

			7
SUBTOTAL of Receipts This Page (optional)	•	4.19	
TOTAL This Period (last page this line number only)	<u> </u>	4.19	

S	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)					NUMBE	R:				PAG	iE 36	6 / 44	
Π	TEMIZED DISBURSEMENTS	for each o	category of the Summary Page		X	eck of 21b 27	niy (	22 28a		23 28b		24 28		25 29		26 30l
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam															
K	NAME OF COMMITTEE (In Full)	c and address	ss of arry political	COII		.00 10 1	30110	on corn	ibut	.10113		111 3001	100			
	American Academy of Family Physicians	Political Ac	tion Committe	е												
Α.	Full Name (Last, First, Middle Initial) American Express							Trans Date of					05			
	Mailing Address PO Box 53852							0 <sup>M</sup> 3	М	/ D	0	<b>3</b> /	Y	ž 0 (	ั้ 8 ไ	
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Eac	:h I	Disbur	sem	ent th	s Pe	riod
	Purpose of Disbursement Credit card processing fee			Γ					_	_				15	5.50	
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	Mailing Address PO Box 53852							0 <sup>M</sup> 3	М	/ D	0	<b>4</b> /	Υ	ž 0 (	Š 8 Č	
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Eac	:h I	Disbur	sem			riod
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	Candidate Name			С	ateg Typ											
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С.	Full Name (Last, First, Middle Initial) American Express							Trans					09			
	Mailing Address PO Box 53852							0 3	М	/ D	0	6 /	Y	ž 0 (	Ď8	
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	Purpose of Disbursement Credit card processing fee							L.	_					3	3.10	
	Candidate Name			С	ateg Typ	-										
	Senate President	ement For: Primary Other (spe	General cify) ▼													
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	SUBTOTAL of Disbursements This Page (optional)													27	.90	
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		SBURSEMEN		Detailed	category of the Summary Page		X 21k	22 28a		23 28b		3c	25 29	
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>	NAME OF COM	<u> </u>									<u> </u>			
	Full Name (Last, American Expr	First, Middle Initial)									: D607 ement	'10		
	Mailing Address	PO Box 53852						0 <sup>M</sup> 3	M /	D (	7	Y	ž 0 ŏ 8	3 <sup>Y</sup>
	City Phoenix			State AZ	Zip Code 85072-3852			Amou	ınt of	Each	n Disbu	rseme		
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	Candidate Name						ategory/ Type							
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	State: Full Name (Last,	District: First, Middle Initial)						Trans	2041	חו מנ	: D607	111		
	American Expr	. ,						Date	of Dis	sburs	ement		v · v	V
	Mailing Address	PO Box 53852						0 <sup>M</sup> 3	,	L.	10	. 2	ž o ŏ 8	3 '
	City Phoenix			State AZ	Zip Code 85072-3852			Amou	ınt of	Each	n Disbu	rseme		
	Purpose of Disbu Credit card proce Candidate Name					C	ategory/	L.		•			15.5	50
	Office Sought:	House	Disburse	ement For:			Type							
	State:	Senate President District:		Primary Other (spe	General ecify) ▼									
		First, Middle Initial)									: D607 ement	'12		
	Mailing Address	PO Box 53852						0 <sup>M</sup> 3	M /	D .	1 0	Y	ž 0 č 8	3 <sup>Y</sup>
	City Phoenix			State AZ	Zip Code 85072-3852			Amou	ınt of	Each	n Disbu	rseme	nt this f	Perio
	Purpose of Disbu Credit card proce												7.7	'5
	Candidate Name						ategory/ Type							
	Office Sought:	House Senate President	Disburse	ement For: Primary Other (spe	General									
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 38 / 44
TEMIZED DISBURSEMENTS	for each category of the	(check only	7 one)	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	e		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D60 Date of Disbursemer	
Mailing Address PO Box 53852			03 / D D	2008
	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement		· · ·		6.20
Credit card processing fee Candidate Name		Category/		
Cardidate Name		Type		
, H	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	,			
Full Name (Last, First, Middle Initial)			Transaction ID: D6	0714
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			03 13	<sup>2</sup> 2008
•	State Zip Code		Amount of Each Disk	oursement this Period
	AZ 85072-3852			15.50
Purpose of Disbursement Credit card processing fee				10.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D6	1012
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			03 / 17	<sup>2</sup> 2008
	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement	AZ 0307Z-303Z			15.50
Credit card processing fee				
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	75-		
Senate	Primary General			
State: President State:	Other (specify)			
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SUBTOTAL of Disbursements This Page (optional) .				37.20

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 39/44							
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	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b							
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
American Academy of Family Physicians F	Political Action Committee									
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D61013 Date of Disbursement							
Mailing Address PO Box 53852			$\begin{bmatrix}\begin{smallmatrix}M\\O\ 3\end{smallmatrix}^M & \begin{smallmatrix}I\\D\end{smallmatrix}^D & 2 4\end{smallmatrix}^D & \begin{bmatrix}\begin{smallmatrix}Y\\D\end{smallmatrix}^D & 2 0 0 8\end{smallmatrix}^Y$							
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period							
Purpose of Disbursement Credit card processing fee	7.2 00072 0002		36.58							
Candidate Name		Category/								
		Туре								
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼									
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American Express			Date of Disbursement							
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,	State Zip Code		Amount of Each Disbursement this Period							
	AZ 85072-3852		3.10							
Purpose of Disbursement Credit card processing fee										
Candidate Name		Category/ Type								
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State: District:	(-II <b>)</b> , <b>V</b>									
Full Name (Last, First, Middle Initial)  American Express			Transaction ID: D61015 Date of Disbursement							
Mailing Address PO Box 53852			$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&B\\2&8\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}$							
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period							
Purpose of Disbursement			3.10							
Credit card processing fee										
Candidate Name		Category/ Type								
	ment For:									
Senate President	Primary General Other (specify) ▼									
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SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	42.78							

TOTAL This Period (last page this line number only) .....

S	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)				INE NUMBER:		F	PAGE 40 / 44						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			X	eck or 21b 27		22 28a		23 28b		24 280	; <u> </u>	25 29	$\vdash$	26 30k
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam															
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	American Academy of Family Physicians I	Political Ac	tion Committe	ee												
A.	Full Name (Last, First, Middle Initial) American Express							Trans Date o		-		D6101 ment	6			
	Mailing Address PO Box 53852							0 <sup>M</sup> 3	М	/ D	3	D /	Y Z	ž 0 Ŏ	8 <sup>Y</sup>	
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Eac	h [	Disburs	eme			_
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	Mailing Address PO Box 53852							0 3	М	/ D	3	D /	Y	žoŏ	8 <sup>Y</sup>	
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Eac	h [	Disburs	eme			_
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	Candidate Name			С	ateg Typ											
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
С. С.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services							Date o		isburs	sei		6			
	Mailing Address WA2-505-01-40 PO Box 2485							0 <sup>M</sup> 3	М	/ D	0	3 /	Y	žoŏ	8 <sup>Y</sup>	
	City Spokane	State WA	Zip Code 99210-2485					Amou	nt o	f Eac	h [	Disburs	eme	-		_
	Purpose of Disbursement Bank card processing fees			Γ					-			-		262.	83	_
	Candidate Name			С	ateg Typ											
	Senate President	ement For: Primary Other (spe	General cify) ▼													
_	State: District:															
5	SUBTOTAL of Disbursements This Page (optional)													275.2	23	
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5(	CHEDULE B (FEC Form 3X)	Use separate sche	edule(s)		OR LIN	 	R:			PA	GE	41 / 4	14	
IT	EMIZED DISBURSEMENTS	for each category  Detailed Summary		X	21b	22	П	23	П	24	П	25	П	26
		,	J		27	28a		28b		28c		29		30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												;	
$\overline{}$	NAME OF COMMITTEE (In Full)													
	American Academy of Family Physicians F	Political Action Co	mmittee											
	Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	D6	0707				
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	Mailing Address P O Box 52145					0 3	M /	<sup>D</sup> 0	<b>4</b>	/ Y	ž	o ŏ e	3 Y	
	,	State Zip Coo AZ 85072	de 2-2145			Amou	nt of	Each	Dis	burser	nen	t this F	Perio	d
	Purpose of Disbursement Credit card processing fee					<u></u>	_				_	11.3	3	
	Candidate Name		C	atec Typ	gory/ be									
	Office Sought: House Disburse Senate	ment For: Primary G	eneral											
	President	Other (specify)												

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	11.33
TOTAL This Period (last page this line number only)		420.79
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_	EMIZED DISBURSEMENTS	for each categ Detailed Sumr	mary Page	21b 27	22 X 23 24 25 28a 28b 28c 29						
	y Information copied from such Reports and Statior commercial purposes, other than using the na										
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	s Political Action	Committee								
<u> </u>	Full Name (Last, First, Middle Initial) National Republican Congressional Com	mittee			Transaction ID: D60394 Date of Disbursement						
	Mailing Address 320 1st St SE				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ Z & O & O & S \end{smallmatrix} $						
	City Washington		Code 003-1838		Amount of Each Disbursement this Period						
	Purpose of Disbursement Campaign contribution Candidate Name		[	Category/	15000.00						
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	Senate President	Primary Other (specify)	General ▼								
	State: District: Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS				Transaction ID: D60395 Date of Disbursement						
	Mailing Address 1736 FRANKLIN STRE	EET #400			0 3 Y 2 0 0 8						
	City OAKLAND		Code 612		Amount of Each Disbursement this Perio						
	Purpose of Disbursement Campaign contribution			•	2500.00						
	Candidate Name Rep. Barbara Lee			Category/ Type							
	Office Sought:  X House Senate President State: CA District: 09	rsement For: Primary Other (specify)	2008 X General								
	Full Name (Last, First, Middle Initial)										
	EARL POMEROY FOR CONGRESS				Transaction ID: D60544 Date of Disbursement						
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	EARL POMEROY FOR CONGRESS		Code 013-0214		Date of Disbursement  O 3						
	EARL POMEROY FOR CONGRESS  Mailing Address PO Box 75214  City Washington  Purpose of Disbursement Campaign contribution		013-0214	October	Date of Disbursement  O 3						
	EARL POMEROY FOR CONGRESS  Mailing Address PO Box 75214  City Washington  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Earl Pomeroy	DC 20	013-0214	Category/ Type	Date of Disbursement  O 3						
	EARL POMEROY FOR CONGRESS  Mailing Address PO Box 75214  City Washington  Purpose of Disbursement Campaign contribution  Candidate Name Rep. Earl Pomeroy	DC 20	2008 X General		Date of Disbursement  O 3						

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SCHEDULE B (FEC Form 3X)		LEODUNE	DAGE 49.44
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II LIVIIZED DISDUNSEIVIEN IS	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		
American Academy of Family Physicians I	Political Action Committee	e	
Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS			<b>Transaction ID:</b> D60543  Date of Disbursement
Mailing Address 462 California Road			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \  $
City Bronxville	State Zip Code NY 10708		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			2500.00
Candidate Name Rep. Eliot Engel		Category/ Type	
Office Sought: X House Disburse Senate President	ment For: 2008 Primary X General Other (specify)		
State: NY District: 17			
Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE			Transaction ID: D60396 Date of Disbursement
Mailing Address 205 South 5th Ave			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
City La Crosse	State Zip Code WI 54601		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			1000.00
Candidate Name Rep. Ron J. Kind		Category/ Type	
Office Sought: X House Disburse Senate President	ement For: 2008 Primary X General Other (specify)		
State: WI District: 03			
Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN			Transaction ID: D60542 Date of Disbursement
Mailing Address PO BOX 3197			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 8 \end{smallmatrix} \end{bmatrix} $
City LITTLE ROCK	State Zip Code AR 72203		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign conribution			2500.00
Candidate Name Sen. Blanche L. Lincoln		Category/ Type	
Office Sought:    House   Disburse   X   Senate   President	ment For: 2008 Primary X General Other (specify)		
State: AR District: 00			
SURTOTAL of Dishursements This Page (optional)			6000.00

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26000.00

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Permissible reimbursement from connected organization for bank/credit card processing fees.